

**CLAIMS ONLY**

Application Number:

101597041

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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15						
16						
17	1					
18		1				
19						
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24	1					
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49						
50						
Total Indep	2					
Total Depend	15					
Total Claims	17					

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						